STOPP (Safe Transfer of the Paediatric Patient) Tool

Thames Valley & Wessex PAEDIATRIC CRITICAL CARE Operational Delivery Network

For use on ALL non PICU retrieval team transfers of children BETWEEN hospitals. The referring hospital is responsible for the completion of this form prior to and during transfer. It is recommended that on arrival at the receiving hospital, a copy is made, the original returned to the local hospital for audit purposes and filed in the patient notes.

Patient Details:

Family name: **First name:**

Date of Birth: **Age:**

NHS No: **Hospital Number:**

Address:

Post code:

GP Name: **GP Practice:**

Weight: **Kg** **True/Est** **Age:**

Date of referral: D D M M Y Y Y Y

Time of referral: H H M M

Call made by: (Name, signature, grade)

Contact Details Referring Team:

Referring Consultant:

Referring Hospital:

Ward/Location:

Ward Direct No:

Contact Details Receiving Team:

Receiving Consultant:

Destination Hospital:

Ward/Location:

Ward Direct No:

Please describe details of case including any discussion with SORT: (SBAR format can be used if wished)

Problem:

Covid Status

Indication for transfer: Escalation of treatment ☐ Investigations ☐ Repatriation ☐ Palliation ☐ Bed Status ☐

For any bed status transfer you must follow internal escalation policy and prioritise transfer of a level 0 patient wherever possible. Please document any discussions in notes.

Consensus Risk assessment

PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK RESULTS CATEGORY BELOW:
If Paediatric Consultant not aware: STOP AND INFORM

Transfer Category:

- ☐ Transfer no longer required
- ☐ Ward level (level 0)
- ☐ Basic critical care (HD1, level 1)
- ☐ Intermediate critical care (level 2)
- ☐ Advanced critical care (level 3)
- ☐ AND/OR Time critical

ASSESSMENT COMPLETED BY:

Nurse: (Name, Role, Signature)

Doctor: (Name, Role, Signature)

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Transfer Team:

DGH:

- ☐ Parents
- ☐ Paediatric
- ☐ DGH Anaesthetics
- ☐ DGH Hybrid Paediatric + Anaesthetist

PICU Trained:

- ☐ SORT
- ☐ OTHER

Ambulance Crew Requested:

- ☐ Standard crew
- ☐ Paramedic

Handover received (sign/ name/PIN/GMC)

SYSTEM	OBSERVATION	ASSESSMENT
A	Stridor/Stertor or anticipated Airway Risk i.e. Foreign body	YES/NO
B	Respiratory Rate = ____ Is it outside normal age adjusted range?	YES/NO
	Respiratory Distress of concern, i.e. marked retractions or early exhaustion	YES/NO
	O2 Need > 2L/min to maintain > 94% saturations, Empyema in any oxygen, High Flow Oxygen, CPAP/BiPAP	YES/NO
	Intubated and Ventilated	YES/NO
C	Systolic BP = ____ Is it outside normal age adjusted range?	YES/NO
	Capillary Refill > 2 sec Or HR outside normal range = ____	YES/NO
	Is Blood Gas lactate > 2 OR Base Deficit > 2	YES/NO
	Fluid boluses > 40mls/kg within 6 hours	YES/NO
D	Level of consciousness – AVPU (P or U) or falling/fluctuating level	YES/NO
	Risk of progressive intracranial event or signs of raised ICP i.e. bradycardia; hypertension; abnormal breathing; unequal, dilated or fixed pupils	YES/NO
	Newly Diagnosed inborn error of metabolism	YES/NO

ARE ANY OF A B C D TRIGGERED?

IF YES, ENSURE PAEDIATRIC CONSULTANT IS AWARE AND HAS AGREED TRANSFER
COMPLETE TRANSFER RISK ASSESSMENT BELOW
IF INDICATED CONTACT PICU CONSULTANT VIA SORT: 02380 775502 FOR ADVICE BEFORE PROCEEDING

Planner for staff and communication requirements before transfer

TRANSFER CATEGORY	ANY TRIGGERS	Is SORT DISCUSSION MANDATORY?	STAFF REQUIRED (examples only)
Time Critical (Level 1-3) Traumatic Brain Injury, Ischaemic gut, Life or limb threatening diagnosis	Anticipated - yes	YES	Local Team: Anaesthetist, Nurse/ODP , and senior airway and Paediatric resuscitation competent Doctor AND appropriately trained ambulance crew
Level 3 (Advanced critical care) Intubated and Ventilated	Anticipated - yes	YES	SORT transfer unless time critical (rare exception may be palliative care)
Level 2 (Intermediate critical care) Level 1 + single system support requirements (e.g. CPAP, NIV) Or any PCCMDS Level 2 care	Anticipated - yes	YES	Nurse/ ODP AND Senior Airway and Paediatric resuscitation competent Doctor AND appropriately trained ambulance crew OR SORT transfer if agreed Jointly
Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy Or any PCCMDS Level 1 Care *Can be difficult transfer: Joint decision between senior Nurse and Consultant*	NO	No	Competent Nurse or doctor OR appropriately trained ambulance crew
	YES	Probably (DISCUSS ALL EMPYEMAS)	Competent Nurse or doctor AND appropriately trained ambulance crew
	YES And potential for airway compromise	YES	Nurse/ ODP AND Senior Airway and Paediatric resuscitation competent Doctor AND appropriately trained ambulance crew OR SORT transfer if agreed Jointly
Level O (ward Level) Children not requiring continuous monitoring	Non-anticipated	NO	Parent/carer or Nurse or both Standard crew/transport

TRANSFER DOCUMENTATION:

Personnel:

- ☐ Doctor 1 (name, speciality & grade):
- ☐ Doctor 2 (name, speciality & grade):
- ☐ Nurse/ODP (name, speciality & grade):
- ☐ Parent/guardian details (if accompanying):

Equipment

- ☐ Appropriate drugs & Grab bag available
- ☐ Suction unit available and batteries fully charged
- ☐ Sufficient oxygen in portable cylinder available
- ☐ Appropriate restraint device available
- ☐ Batteries on monitor and/or infusion pumps fully charged
- ☐ Infusion devices rationalised and secured

Drugs/Fluids:

- ☐ Analgesia
- ☐ Intubation drugs
- ☐ Emergency drugs
- ☐ IV Fluids
- ☐ Blood

Communication

- ☐ Bed in destination hospital identified and availability confirmed
- ☐ Consultant/Registrar in destination hospital has agreed transfer
- ☐ Parents/Carers informed of transfer and any parental concerns discussed
- ☐ Parents/Carers invited to accompany child
- ☐ Child has 2 name bands on +/- allergy band

Transport:

- ☐ Time ambulance service called: _____
- ☐ Ambulance reference no.: _____
- ☐ Ambulance arrival at referring hospital: _____
- ☐ Transfer mobile phone available
- ☐ Money/cards available for emergencies
- ☐ Return travel arrangements confirmed & Team have contact details e.g.: taxi/ward numbers

Paperwork for transfer (photocopy the following):

- ☐ Referral letter
- ☐ Recent clinic letter for long term patients
- ☐ Current medical and nursing notes with blood results
- ☐ Current drugs chart, PEWs chart and fluid charts
- ☐ 3 Copies Inter hospital Transfer form (for patient notes, referring and receiving hospitals and audit)
- ☐ Upload radiology onto EXOPACS

Patient Specific Instructions for transfer:

- ☐ Temperature monitoring
- ☐ Nil By Mouth/consider NG tube for surgical patients
- ☐ Blood glucose monitoring
- ☐ Maintenance IV fluids
- ☐ IV access x 2

Other:

OBSERVATIONS RECORDED ON TRANSFER:

☐ Observations completed and recorded just prior to departure

☐ Observations required during transfer: (circle) continuous / 15m / 30 m

☐ Observations completed and recorded on arrival

Temperature °C																	
	39																39
	38																38
	37																37
	36																36
	35																35
Heart Rate & Blood Pressure	240																240
	230																230
	220																220
	210																210
	200																200
	190																190
	180																180
	170																170
	160																160
	150																150
	140																140
	130																130
	120																120
	110																110
	100																100
	90																90
	80																80
	70																70
Respiratory Rate	60																60
	50																50
	40																40
	30																30
	20																20
	15																15
	10																10
	5																5
	0																0
Neurological Assessment	AVPU																
	Pupil R																
	Pupil L																
	Pre departure							Transfer									
Date																	
Time																	
O_2 Sats																	
FiO2																	

Pain assessment:

Details of any treatments given or incidents en-route:

Time departed base: **Time handed over:**

Date: **Signed:**

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